

# **SCHOOL ENTRY HEALTH EXAMINATION REQUIREMENT TOOLKIT**



**COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY  
MATERNAL CHILD AND FAMILY HEALTH SERVICES  
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM**

*LAST REVISED OCTOBER 2013*

### **About this Toolkit**

The School Entry Health Examination Toolkit was developed by the California Department of Health Care Services and updated by the local Child Health and Disability Prevention (CHDP) program at the County of San Diego Health & Human Services Agency.

The toolkit is designed to provide information about the School Entry Health Examination requirement to school staff. This toolkit and forms mentioned, such as the Health Examination form and data collection tools, are available online at the County of San Diego CHDP website at: [www.chdpsd.org](http://www.chdpsd.org).

For any questions regarding the health examination requirement, ordering forms, reporting, or assisting a child in receiving free or low-cost dental or medical care, please call the CHDP program Health Promotion staff at **(619) 542-4178**.

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## The Child Health & Disability Prevention Program

The Child Health and Disability Prevention (CHDP) program began in 1967 when an amendment to the federal Medicaid law authorized a program for Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) services for children eligible for Medicaid. The CHDP program includes a mandate that all children entering first grade provide documentation of a comprehensive health examination completed within 18 months prior to or 90 days following the first day of school or have a waiver of this requirement on file. This health examination is required for all children regardless of income.

In 2003, the State Department of Health Services established the CHDP Gateway program to ensure more children receiving CHDP services have the opportunity to get low or no cost comprehensive health coverage through Medi-Cal. Through the CHDP Gateway program, children receiving CHDP check-ups are electronically screened for Medi-Cal eligibility and, if eligible, leave the provider's office with temporary Medi-Cal health insurance coverage. Families then need to complete the Medi-Cal application to continue their insurance coverage.

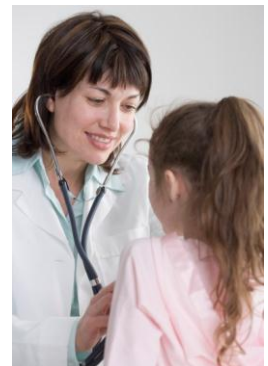
### CHDP First Grade School Entry Health Examination Requirement

All children who enter first grade in a California public, private, or charter school are required by California state law to have a comprehensive health examination completed within 18 months prior to or 90 days after the first day of first grade, or submit a signed parental waiver of the health examination. The intent of this requirement is to:

- Ensure all school children receive a health examination to promote success in school,
- Increase the number of children who receive a health examination, resulting in fewer untreated health problems, less illness, and improved attendance at school,
- Facilitate school staffs ability to collect mandated forms in a timely manner,
- Simplify school entry health requirements by having the California School Immunization Record and School Entry Health Examination due at the same time, and
- Ensure school compliance with California state law.

Schools are responsible for informing their students of the School Entry Health Examination requirement, assisting them in getting the examination, and maintaining the School Entry Health Checkup Requirement form or the Waiver of Medical Examination in students files. The following constitute as acceptable documentation for the School Entry Health examination requirement:

- A parent's copy of the CHDP Confidential Billing and Screening form completed by a physician or nurse practitioner (*refer to Appendix B*),
- The State-approved health or waiver form (*refer to Appendix C and D*),
- School Entry Health Checkup Requirement (green) form completed by a physician or nurse practitioner (*refer to Appendix E*), or
- Other complete physical screening forms from a physician's office that include the same comprehensive screening tests as the School Entry Health Checkup Requirement form.



Verbal confirmation by a parent/ guardian is not acceptable documentation. If a parent/guardian does not wish to obtain a health examination for his/her child based on personal beliefs, the parent/guardian must sign the waiver portion at the bottom of the School Entry Health Checkup Requirement form. However, parents/guardians should be encouraged to obtain a health examination

for his/her child. The signing of the waiver should not be used by parents/guardians to avoid the important responsibility of obtaining health care for his/her child.

Schools must also inform parents/guardians that no cost health examinations are available to eligible children through the CHDP program (*refer to [Appendix H](#)*). The CHDP program assists families to meet the first grade entry health examination requirements by linking families to local CHDP providers to obtain health assessments.

Although it is no longer required, schools and district are still strongly encouraged to submit health examination annual reports to their local CHDP program to allow the County of San Diego and community agencies to identify how many local children still lack access to health care and to develop strategies to ensure that all children the health care they need.

### **What is included in a health examination?**

A comprehensive health examination includes:

- Health and developmental history
- Physical exam
- Needed shots
- Oral health screening
- Nutrition assessment
- Behavioral health assessment
- Vision screening
- Hearing screening
- Health information
- Lab tests for anemia, blood lead, Tuberculosis, and other problems, as needed
- Referral to Women, Infants, and Children (WIC) program for children up to age 5

For children who receive CHDP services, the health care provider is expected to give an explanation and copy of the results of the health examination to the parent/guardian. If the child needs a referral for follow-up on medical or dental care, assistance in finding needed services should also be provided.

### **Who provides the Health Examination and Signs the Form?**



A licensed physician, certified pediatric nurse practitioner, or certified family nurse practitioner performs, or supervises, the appropriate health examination screening procedures and completes the School Entry Health Checkup Requirement form to document that the child received the appropriate health screening procedures.

The school entry health examination is provided by the family's usual source of medical care, including, but not limited to: private doctors, community clinics, health department clinics, prepaid health plans, military facilities, and some school districts. Families of children who do not have a usual source of medical care should contact the CHDP program for a referral to a CHDP provider at **1-800-675-2229**.

### **What if Parents/Guardians Cannot Afford the Health Examination?**

Children from low-income families may be eligible for a health examination at no cost to the family. To qualify for CHDP program services at no cost to the family, the child must live in California and have Medi-Cal insurance, or be younger than 19 years of age, and from a family with income at or below 266% of the Federal Income Guidelines.

The CHDP program can assist families in finding a health care provider that participates in the CHDP program. Immunizations are included in the CHDP examination. Other children may receive immunizations at little or no cost to the family through the local health department's immunization program.

### **Can the Health Examination be Waived?**

In the interest of the child's own health and school performance, school personnel should make every effort to assist the family in obtaining a physical examination for the child. A waiver signed by the child's parent/guardian indicating that they do not want or is unable to obtain a health examination for the child may be accepted by the school in lieu of the School Entry Health Checkup Requirement form.

The waiver is primarily intended for reasons of deeply held personal beliefs, not as a matter of convenience. According to California law (Health and Safety Code, Section 124085) (*refer to Appendix A*), if the waiver indicates that the parent or guardian was unable to obtain the services for the child, the waiver is to include the reason(s) why. If the reason for not obtaining the examination is because the parent/guardian cannot afford it, every effort should be made to help the family find resources to enable them to get the examination.

### **Can Schools/Districts Exclude Children From Attending School for Failure to Submit the Health Examination Report or Waiver?**

California law recognizes the importance of health to learning and the important role of schools in ensuring the health of students by requiring that students have documentation of a health examination before the end of first grade. The law does not require exclusion for failure to submit the health examination report or waiver, but a school board may establish a more stringent policy in accordance with Section 124105 of the Health and Safety Code.

If a child has no documentation of a health examination or a signed waiver on file by the 90<sup>th</sup> day after school entry, the governing board of the school or district may exclude the child from school for no more than five days beginning the 91<sup>st</sup> calendar day following entrance into first grade. Public schools should contact their district office to determine what their specific district policy is regarding exclusions and exemptions from exclusion.

### **Is the School Entry Requirement Different for Children Who Attend a Year-Round School? Or Attend Charter or Home School?**

There is no difference. The requirement of 18 months prior to first grade entry and 90 days after entry applies, regardless of what time of year or age the child enters first grade and regardless if the children are attending a charter school or a home school.



## What If...

### A Child Repeats Kindergarten?

If a School Entry Health Checkup Requirement form has been submitted, the child does not need to repeat the examination. Retain the form in the student's health record or cumulative file as evidence of the child's health examination at the time of entry into first grade. If the School Entry Health Checkup Requirement form is not on file and the child will be 6 years old before December 2 of the school year (the age of first grade entry), the form must be submitted within 90 days of the start of the school year.

### A Child Repeats First grade?

A School Entry Health Checkup Requirement form should be on file. If the form has been submitted, the child does not need to repeat the examination. If the report is not on file, a report must be submitted within 90 days of the commencement of the current school term. Retain the form in the student's health record or cumulative file as evidence of the child's health examination for the current school year.

### A Child Has Had a Health Examination in Head Start or State Pre-School?

If the examination was given within the 18 months period prior to first grade entry, it will meet the school entry requirements. If it was given more than 18 months prior to first grade entry, the health examination must be repeated.

### A Child Transfers from Another District or State?

A "grace period" of 30 days is allowed for the transfer of the child's record. If the School Entry Health Checkup Requirement form is included in the child's record when the school receives it, there is no need to repeat the examination.

### A Child Comes to California from Out-of-State or Out-of-County and Enters the First Grade After the Start of School?

The child must meet California school entry requirements. The child must have completed a health examination either within 18 months before first grade entry or completed one within 90 days of the date of entry into first grade in California.



## Data Collection and Reporting

Schools are responsible for informing their students of the School Entry Health Examination requirement, assisting them in receiving the examination, and maintaining the necessary documentation in students' files. Although there is no requirement for the submission of an Annual School Report (*refer to [Appendix F](#)*), it is still highly recommended and encouraged for public school districts and private schools with first grade enrollment to submit an the Annual School Report for CHDP Health Examination to their local CHDP program by **January 15** of each year.

Public schools should submit their Annual School Report for CHDP Health Examination to their district by mid-December of each year. The District Office then prepares the Annual District Report for CHDP Health Examination (*refer to [Appendix G](#)*) based on data sent by schools and submits the information to the CHDP Health Promotion program by January 15. Private schools will submit their Annual School Report for CHDP Health Examination directly to the CHDP Health Promotion program by January 15. For schools with ungraded and/or special education students, only children who are 6 years of age on or before December 2 of the current year need to be included in the annual report.

The CHDP Health Examination Report contains information on the name of the school, number of children enrolled in first grade, the number of children who submitted documentation of a completed health examination, number of children who submitted a health examination waiver and the corresponding reason, and the number of children who did not submit either documentation of a completed health examination or a health examination waiver.

### Data Collection for Schools

School Entry Health Checkup Requirements forms should be distributed at the beginning of the school year in registration packets. Schools may use the **Annual School Report – CHDP Health Examination** (a Microsoft Excel file) to track each student's forms. At the end of the school year, make sure all students' forms are accounted for in the Excel file, and submit the Excel file to the district office. Alternatively, schools may also submit the **Annual School Report – CHDP Health Examination** (a Microsoft Word file) document that sums the school's health examination forms. Private schools may use either Health Examination form and submit to the local CHDP program.

### Annual School Report – Health Examination (Microsoft Word or PDF File)

The Annual School Report – CHDP Health Examination form is a one-page file to be completed for each school by the designated school nurse at the end of each school year. This form may be typed into electronically or written over and contain all fields of information that must be submitted to the school district. This form is different from the Excel file in that the school nurse has to manually count and record the summary numbers from students' records.

### Annual School Report – Health Examination (Microsoft Excel File) (click [here](#) to download)

This file allows staff to individually track health examination forms, waivers, or no responses of each first grade student in the school. The advantage of using this file is that staff may individually track each student (including what he/she submitted, waiver reason, etc) and follow-up with students. In addition, staff will not have to manually count and record summary numbers because the Excel file has a feature in which any data entered is automatically counted and summed in a separate tab.

When the Excel file is opened, staff will see two tabs (worksheets), one named 'Student Entry' and the other 'Summary'. To begin data entry, type in the names or IDs of all kindergarten and eligible first



grade students and the grade in which he/she belongs in the 'Student Entry' worksheet. Upon receiving School Entry Health Checkup Requirement form by a student, find the student's name or ID and electronically enter the student's information from the form. Staff may type or select the appropriate option from the drop-down box. An example of data entry of a student is found below:

HEALTH EXAM (HE) SCHOOL REPORT				
Student ID	Grade	Provided documentation of completed HE	HE Waiver	No documentation of HE or waiver
	First Grade	Yes	Does not want	Yes
	First Grade	No	Unable to obtain	No
		No response	No reason	Yes
		No response		No

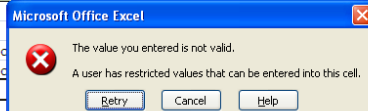
Student ID, Grade, Provided Documentation of Completed HE, HE Waiver, and No Documentation of HE or Waiver located in the 'Student Entry' worksheet are the fields that must be filled out according to each student.

HEALTH EXAM (HE) SCHOOL REPORT				
Student ID	Grade	Provided documentation of completed HE	HE Waiver	No documentation of HE or waiver
	First Grade	Yes	Does not want	Yes
	First Grade	Yes	Unable to obtain	No
		No response	No reason	Yes

The arrow (↓) that appears in each field will show the appropriate response options for that particular field. Select the appropriate response, or type in the response exactly as shown.

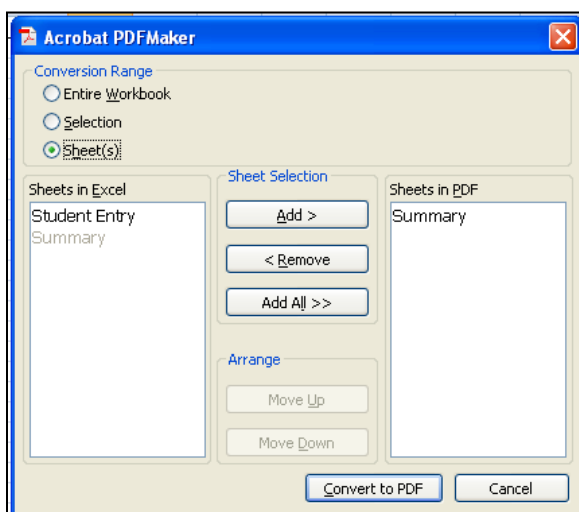
HEALTH EXAM (HE) SCHOOL REPORT				
Student ID	Grade	Provided documentation of completed HE	HE Waiver	No documentation of HE or waiver
	First Grade	Yes		
	First Grade	No		
		No response		
		No response		
		None		

If an invalid response has been entered, a pop-up box will appear. Click 'Cancel' and correct the response.



	A	B	C
1	<b>Health Exam Summary Report</b>		
2	Students	<i>First grade</i>	0
3	HE Completed	Yes	0
4		No	0
5		No response	0
6	Waivers	Does not want...	0
7		Unable to obtain...	0
8		No reason provided	0
9	No HE or HE Waiver	Yes	0
10		No	0
11			
12			
13			
14			
15	Please fill out		
16	School Name:		
17	School District:		
18	Staff Name:		
19	Staff Phone Number:		
20	Staff Email Address:		
21			
22			
23			
24			
25			

The summary tab automatically sums all data that has been entered. When school reports are due, this Excel file in its entirety may be submitted to the district. Do not forget to input the School and Contact Person at the bottom of the summary report.



As an alternative to sending the Excel file, staff may also send the summary report alone by clicking 'Acrobat' at the top of the menu, followed by 'Create PDF'. A pop-up box will appear. Make sure the settings are as follows:

Conversation Range: Sheet

Sheets in PDF: Summary

Then click 'Convert to PDF'. Press 'Yes' when a pop-up box asks to save the file. Name the file (i.e. School 001 SY 2012-13) and the PDF will appear. Send the PDF file to the district or the CHDP program.

## Data Collection for School Districts

School districts are expected to compile all data from each public and/or charter school in their district. Individual school data should be reported, not a sum of all students in the district. The Annual District Report should be submitted to the CHDP Health Promotion program by January 15.

There are two ways for a district to collect and submit each school's health examination data to the CHDP program: 1) submit individual school reports in one packet, or 2) fill out and submit the Annual District Report – CHDP Health Examination (Microsoft Excel file) (click [here](#) to download). To fill out the Excel form, type in the appropriate summary number for each school from the school reports submitted. District reports may be mailed, faxed, or scanned and email to the CHDP Health Promotion program.

County of San Diego Health & Human Services Agency  
Maternal Child and Family Health Services  
Child Health and Disability Prevention (CHDP) Program  
3851 Rosecrans St., Ste. 522  
San Diego, CA 92110  
Phone: (619) 542-4178 | Fax: (619) 692-8827, Attn: CHDP Health Promotion  
Email: [MaryGrace.Sadile@sdcounty.ca.gov](mailto:MaryGrace.Sadile@sdcounty.ca.gov)

## Other School Entry Health Requirements

Also important to a child's health and success in school are these additional school entry health requirements:

- **Oral Health Assessment:** California law states that a child must have a dental check-up by May 31 of his/her first year in public or charter school. Refer to [Appendix I](#) and [Appendix J](#) for a timeline and checklist of how the health examination and oral health assessment can work together. For additional information on this requirement, visit [www.sharethecaredental.org](http://www.sharethecaredental.org) for the Oral Health Assessment toolkit.
- **Immunizations:** Visit San Diego Immunization Program at [www.sdiz.org](http://www.sdiz.org) for immunization requirements for school entry, related materials and resources, or for answers to frequently asked questions.

## Appendixes

### Appendix A. California Health and Safety Codes

#### **124025.**

The Legislature finds and declares that many physical and mental disabilities can be prevented, or their impact on an individual lessened, when they are identified and treated before they become chronic and irreversible damage occurs. The Legislature finds and declares that a community-based program of early identification and referral for treatment of potential handicapping conditions will be effective in reducing the incidence of the conditions and will benefit the health and welfare of the citizens of this state.

It is the intent of the Legislature in enacting this article and Section 120475 to establish child health and disability prevention programs, that shall be financed and have standards established at the state level and that shall be operated at the local level, for the purpose of providing early and periodic assessments of the health status of children. It is further intended that child health and disability prevention programs shall make maximum use of existing health care resources and shall utilize, as the first source of screening, the child's usual source of health care so that health screening programs are fully integrated with existing health services, that health care professionals be appropriately represented and utilized in these programs, that outreach programs be developed to stimulate the use of preventive health services, and that services offered pursuant to this article be efficiently provided and be of the highest quality.

#### **124085.**

On and after July 1, 1976, each child eligible for services under this article shall, within 90 days after entrance into the first grade, provide a certificate approved by the department to the school where the child is to enroll documenting that within the prior 18 months the child has received the appropriate health screening and evaluation services specified in Section 124040. A waiver signed by the child's parents or guardian indicating that they do not want or are unable to obtain the health screening and evaluation services for their children shall be accepted by the school in lieu of the certificate. If the waiver indicates that the parent or guardian was unable to obtain the services for the child, then the reasons why should be included in the waiver.

#### **124105.**

- (a) This section shall be known and may be cited as the "Hughes Children's Health Enforcement Act."
- (b) The Legislature recognizes the importance of health to learning and to a successful academic career. The Legislature also recognizes the important role of schools in ensuring the health of pupils through health education and the maintenance of minimal health standards among the pupil population. Therefore, it is the intent of the Legislature that schools ensure that pupils receive a health screening before the end of the first grade.
- (c) The governing board of each school district shall exclude from school, for not more than five days, any first grade pupil who has not provided either a certificate or a waiver, as specified in Section 124085, on or before the 90th day after the pupil's entrance into the first grade. The exclusion shall commence with the 91st calendar day after the pupil's entrance into the first grade, unless school

is not in session that day, then the exclusion shall commence on the next succeeding school day. A child shall not be excluded under this section if the pupil's parent or guardian provides to the district either a certificate or a waiver as specified in Section 124085.

- (d) The governing board of a school district may exempt any pupil from the exclusion described in subdivision (c) if, at least twice between the first day and the 90th day after the pupil's entrance into the first grade, the district has contacted the pupil's parent or guardian and the parent or guardian refuses to provide either a certificate or a waiver as specified in Section 124085. The number of exemptions from exclusion granted by a school district pursuant to this subdivision may not exceed 5 percent of a school district's first grade enrollment. It is the intent of the Legislature that exemptions from exclusion be used in extraordinary circumstances, including, but not limited to, family situations of great dysfunction or disruption, including substance abuse by parents or guardians, child abuse, or child neglect.
- (e) It is the intent of the Legislature that, upon a pupil's enrollment in kindergarten or first grade, the governing board of the school district notify the pupil's parent or guardian of the obligation to comply with Section 124085 and of the availability for low-income children of free health screening for up to 18 months prior to entry into first grade through the Child Health Disabilities Prevention Program.
- (f) It is the intent of the Legislature that school districts provide information to parents regarding the requirements of Section 124085 within the notification of immunization requirements. Moreover, the Legislature intends that the information sent to parents encourage parents to obtain health screenings simultaneously with immunizations.

## Appendix B. CHDP Confidential Screening/Billing Report (PM 160)

DO NOT STAPLE  
IN BAR AREA

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

STAPLE  
HERE

PLEASE PRINT	PATIENT NAME (LAST)		(FIRST)		(INITIAL)		MEDICAL RECORD NO.		LA Code	94	XXXXXXXXXX	J	
	Mo.	BIRTHDATE Day	Year	AGE	SEX M/F	PATIENT'S COUNTY OF RESIDENCE		CO. CODE	TELEPHONE NUMBER		Mo.	NEXT CHDP EXAM Day Year	
	RESPONSIBLE PERSON (NAME)			(STREET)			(APT./SPACE #)		(CITY)	(ZIP)		Ethnic Code	1.American Indian 2.Asian 3.Black 4.Filipino 5.Mex. Amer./Hispanic 6.White 7.Other 8.Pacific Islander

### CHDP ASSESSMENT

Indicate outcome for each  
screening procedure

NO  
PROBLEM  
SUSPECTED  
✓A

REFUSED,  
CONTRA-  
INDICATED,  
NOT  
NEEDED  
✓B

PROBLEM SUSPECTED  
Enter Follow Up Code  
in  
Appropriate Column  
NEW  
C  
KNOWN  
D

DATE OF SERVICE  
Mo. Day Year  
FEES

### FOLLOW UP CODES

1. NO DX/RX INDICATED OR NOW UNDER CARE.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.
3. DX MADE AND RX STARTED
4. DX PENDING/RETURN VISIT SCHEDULED.
5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
6. REFERRAL REFUSED

01 HISTORY and PHYSICAL EXAM						01
02 DENTAL ASSESSMENT/REFERRAL						
03 NUTRITIONAL ASSESSMENT						
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION						
05 DEVELOPMENTAL ASSESSMENT						
06 SNELLEN OR EQUIVALENT						06
07 AUDIOMETRIC						07
08 HEMOGLOBIN OR HEMATOCRIT						08
09 URINE DIPSTICK						09
10 COMPLETE URINALYSIS						10
12 TB MANTOUX						12
CODE	OTHER TESTS	PLEASE REFER TO THE CHDP LIST OF TEST CODES				CODE

HEIGHT IN INCHES 0	WEIGHT LBS 4	OZS	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE
HEMOGLOBIN	HEMATOCRIT	.0%	%	BIRTH WEIGHT LBS OZS

### IMMUNIZATIONS

PLEASE REFER TO THE CHDP  
LIST OF IMMUNIZATION CODES

GIVEN TODAY		NOT GIVEN TODAY	
NOW UP TO DATE FOR AGE A	STILL NOT UP TO DATE FOR AGE B	ALREADY UP TO DATE FOR AGE C	REFUSED OR CONTRA- INDICATED D

PATIENT VISIT (✓)	TYPE OF SCREEN (✓)	TOTAL FEES
1 - New Patient or Extended Visit	1 Initial	
2 - Routine Visit	2 Periodic	

SERVICE LOCATION: Name, Address,  
Telephone Number (Please Include Area Code)

PROVIDER NUMBER

PLACE OF SERVICE

REFERRED TO:	TELEPHONE NUMBER
REFERRED TO:	TELEPHONE NUMBER

### COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER  
YOUR DIAGNOSIS IN THIS AREA

ROUTINE REFERRAL(S) (✓)	PATIENT IS A FOSTER CHILD (✓)
<input type="checkbox"/> BLOOD LEAD	<input type="checkbox"/> DENTAL

### DIAGNOSIS CODES

1	2
---	---

### THE QUESTIONS BELOW MUST BE ANSWERED

1. Patient is Exposed to Passive (Second Hand) Tobacco Smoke. Yes ☐ No ☐
2. Tobacco Used by Patient Yes ☐ No ☐
3. Counseled About/Referred For Tobacco Use Prevention/Cessation. Yes ☐ No ☐

1 Enrolled in WIC 2 Referred to WIC  
NOTE: WIC requires Ht., Wt. and Hemoglobin/Hematocrit

1 PARTIAL SCREEN 2 SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY	COUNTY	AID	IDENTIFICATION NUMBER

- 1 ✓ If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.
- 2 ✓ Patient eligible for CHDP benefits only.

This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

SIGNATURE OF PROVIDER

DATE

## CONFIDENTIAL SCREENING/BILLING REPORT

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

Medi-Cal/CHDP  
P.O. Box 15300  
Sacramento, CA 95851-1300

PM 160 (3/07)



## Appendix C. Report of Health Examination for School Entry (PM 171A) (Bilingual)

Click for CHDP forms

State of California—Health and Human Services Agency

Department of Health Care Services  
Child Health and Disability Prevention (CHDP) Program

### REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

#### PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

#### PART II TO BE FILLED OUT BY HEALTH EXAMINER

##### HEALTH EXAMINATION

**NOTE:** All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

##### IMMUNIZATION RECORD

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.

**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

#### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

##### RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

**If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.**

**INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA**

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe será archivado por la escuela en forma confidencial.

**PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN**

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

**PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD****EXAMEN DE SALUD**

**AVISO:** Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Pruebas con Tuberculina (Mantoux/PPD)	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

**REGISTRO DE INMUNIZACIONES**

**Aviso al Examinador:** Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

**Aviso a la Escuela:** Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
<b>POLIO</b> (OPV o IPV)					
<b>DTaP/DTp/DT/Td</b> (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
<b>MMR</b> (sarampión, paperas, rubéola)					
<b>HIB MENINGITIS</b> (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (Viruelas locas)					
OTRA					
OTRA					

**PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)****RESULTADOS Y RECOMENDACIONES**

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

**PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD**

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

- ☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Nombre, domicilio, y teléfono del examinador

Firma del examinador de salud

Fecha

*Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).*

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

## Appendix D. Waiver of Health Examination for School Entry (PM 171B) (Bilingual)

State of California—Health and Human Services Agency				Department of Health Care Services Child Health and Disability Prevention (CHDP) Program	
<b>WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY</b>					
CHILD'S NAME—Last		First	Middle	DATE OF BIRTH—Month/Day/Year	
ADDRESS—Number, Street		City	ZIP Code	SCHOOL	Teacher
<b>PARENT OR GUARDIAN:</b>					
Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. <b>SIGN AND RETURN THIS FORM TO THE SCHOOL</b> where it will be maintained as confidential information.					
<b>NOTE:</b> SIGNING THIS WAIVER <b>DOES NOT</b> EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.					
<p>I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.</p> <p>Please check one of the following:</p> <p><input type="checkbox"/> I choose not to have my child receive a health examination as part of the school entry requirement.</p> <p><input type="checkbox"/> I would like my child to receive a health examination, but I am unable to obtain it.</p> <p>Reason (see Health and Safety Code, Section 124085): _____</p> <p>_____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>_____ Signature of parent or guardian</div><div>_____ Date</div></div>					
INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION. CHDP website: <a href="http://www.dhcs.ca.gov/services/chdp">www.dhcs.ca.gov/services/chdp</a>					
PM 171 B (Bilingual) (09/07)					

**RENUNCIA VOLUNTARIA PARA RECIBIR UN EXAMEN DE SALUD PARA INGRESAR A LA ESCUELA**

NOMBRE DEL NIÑO/DE LA NIÑA—Apellido		Primer Nombre		Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DIRECCIÓN—Número/Calle	Ciudad	Zona Postal	ESCUELA	Maestro(a)	

**PADRE/MADRE O GUARDIÁN:**

Si desea que su niño(a) no reciba el examen de salud requerido por la ley de California antes de ingresar a la escuela, por favor llene este formulario.  
**FIRMELO Y DEVUELVALO A LA ESCUELA** donde será guardado en forma confidencial.

**AVISO:** EL FIRMAR ESTA RENUNCIA VOLUNTARIA NO DISPENSA PARA QUE EL NIÑO/LA NIÑA RECIBA LAS INMUNIZACIONES REQUERIDAS POR LA LEY DE CALIFORNIA PARA LOS NIÑOS EN LA ESCUELA. TAMBIÉN, EL FIRMAR ESTE FORMULARIO NO LE NEGARÁ A SU NIÑO(A) EL DERECHO A RECIBIR LOS EXÁMENES DE LA VISTA Y EL OÍDO HECHOS POR LA ESCUELA.

Se me ha informado acerca del examen de salud recomendado por los respectivos profesionales y requerido por la ley del estado. Se me ha informado también acerca de los lugares donde mi niño(a) puede recibir un examen de salud y sobre los diferentes niveles de ingresos para recibirlo sin costo alguno.

Por favor marque uno de los siguientes casilleros:

- ☐ Escojo que mi niño(a) no reciba el examen de salud que es uno de los requisitos para ingresar a la escuela.
- ☐ Me gustaría que mi niño(a) reciba un examen de salud, pero estoy incapacitado(a) para obtenerlo.

Razón (vea Health and Safety Code, Sección 124085): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Firma del padre/madre o guardián

\_\_\_\_\_  
Fecha

SI DESEA MÁS INFORMACIÓN CONSÍGALA EN LA ESCUELA O EN SU DEPARTAMENTO LOCAL DE SALUD.  
CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

## Appendix E. School Entry Health Checkup Requirement – (click to order – green forms)

### School Entry Health Checkup Requirement

Early and regular **health checkups** can find, prevent, and treat many health problems before they become serious. That is why California has a **law** that says all children **must** have a health checkup within **18 months before first grade or up to 90 days after starting first grade**. Your child must also have certain immunizations, or shots, for school. Your doctor will be able to check your child's immunization record and see what shots are needed during the health checkup. Your doctor will complete this form and you need to return to your child's school.

**If you are not able to pay for this checkup**, please call Maternal Child and Family Health services to find out if your child is eligible for a health checkup at no cost and for ongoing medical and dental insurance.

**1-800-675-2229**

PART I – TO BE FILLED OUT BY THE PARENT/GUARDIAN				
CHILD'S NAME – Last		First	Middle Initial	School
ADDRESS – Number, Street		City	Zip	Birth Date (MM/DD/YYYY)
<input type="checkbox"/> I want the medical provider to complete <b>Part II only</b> .				
PART II – TO BE FILLED OUT BY THE MEDICAL PROVIDER				
Tests and Evaluations			Date	MEDICAL PROVIDER INFORMATION
Height _____ inches	Weight _____ lbs _____ ozs	BMI Percentile _____ %		
Health/Development History				Name, Address, and Telephone Number:          /
Physical Examination				
Nutritional Evaluation				
Vision Screening				
Audiometric Screening				
Blood Test for Anemia				
Urine Dipstick/Urinalysis				
Dental Screening				
Tuberculin (TB) Skin Test/Risk Assessment				Signature of Medical Professional / Date
DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PART III – TO BE FILLED OUT BY THE MEDICAL PROVIDER				
<b>Other health information (optional):</b> For child's welfare and with the permission of the parent or guardian, it is recommended that significant health information be shared with the school. <i>Please contact the school nurse if child needs help with medication at school.</i> <input type="checkbox"/> Parent requests Part III not to be filled out <input type="checkbox"/> The examination revealed no conditions of importance to school or physical activity. <input type="checkbox"/> Conditions that need further evaluation or that can affect school or physical activity are (please explain below)				
WAIVER OF MEDICAL EXAMINATION				
I have been told about the medical examination recommended by health professionals and required by State law. I have also been told where and how my child can receive medical examinations at no cost, if such assistance is needed.				
<input type="checkbox"/> I do not want my child to receive a medical examination <input type="checkbox"/> I do want my child to receive a medical examination, but I am unable to get it because _____				
_____ Signature of Parent or Guardian			_____ Date	



County of San Diego, Health and Human Services Agency, 3851 Rosecrans St., Ste. 522, San Diego, CA 92110

For more information, please call (619) 692-8808

Child Health and Disability Prevention Program  
MCFHS – 77ES 06/2013



## Requisitos para Exámenes de Salud para Ingresar a la Escuela

Al recibir **exámenes de salud** regularmente se pueden prevenir, detectar, y tratar muchos problemas de salud antes de que sean serios. Por esta razón California tiene una ley que requiere que todos los niños deben recibir un examen de salud **18 meses antes de ingresar al primer año o hasta 90 días después de haber iniciado el primer año**. Su niño debe tener ciertas vacunas para ingresar a la escuela. Su médico podrá revisar la tarjeta amarilla de vacunación y ver que vacunas necesita durante el examen de salud. Su médico llenará esta forma y usted deberá entregarla a la escuela de su niño. **Si su niño recibió el examen de salud** al ingresar al jardín de niños (kindergarten) y la escuela todavía no tiene el reporte del examen, usted necesita pedirselo a su médico o clínica y llevarlo a la escuela.

**Si a Ud. no le es posible pagar el examen**, por favor llame a los Servicios de Salud Maternal, Niño, y Familia para saber si su niño califica para un examen físico gratuito y también para un seguro de cuidado continuo médico y dental al:

**1-800-675-2229**

LA PARTE I DEBERA SER LLENADA POR EL PADRE O GUARDIAN ( <i>PARENT OR GUARDIAN</i> )				
NOMBRE DEL NIÑO-Apellido		Nombre	Segundo Nombre	Escuela
DOMICILIO-Número, Calle		Ciudad	Zona Postal	Fecha de Nacimiento
<input type="checkbox"/> Yo solicito que el proveedor médico complete <b>la Parte II solamente</b> .				
LA PARTE II EL PROVEEDOR MÉDICO DEBERA LLENAR ( <i>MEDICAL PROVIDER</i> )				
Tests and Evaluations ( <i>Pruebas y evaluaciones</i> )			Date ( <i>Fecha</i> )	MEDICAL PROVIDER INFORMATION ( <i>Información de Proveedor Médico</i> )
Height (Estatura) _____ inches	Weight (Peso) _____ lbs _____ ozs	BMI Percentile (El porcentaje de Índice de Masa Corporal) _____ %		
Health/Development History ( <i>Historial Médico/Desarrollo</i> )				Name, Address, and Telephone Number:
Physical Examination ( <i>Examen Físico</i> )				
Nutritional Evaluation ( <i>Evaluación de Nutrición</i> )				
Vision Screening ( <i>Examen de la Vista</i> )				
Audiometric Screening ( <i>Examen Audiométrico</i> )				
Blood Test for Anemia ( <i>Análisis de Sangre para Anemia</i> )				
Urine Dipstick/Urinalysis ( <i>Análisis de Orina</i> )				
Dental Screening ( <i>Evaluación Dental</i> )				
Tuberculin (TB) Skin Test/Risk Assessment ( <i>Prueba de Tuberculina</i> )				Signature of Medical Professional / Date
<b>DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (¿TIENE EL NIÑO(A) UNA TARJETA COMPLETA ACTUALIZADA DE VACUNACIÓN DE CALIFORNIA?)				
LA PARTE III EL PROVEEDOR MÉDICO DEBERA LLENAR ( <i>MEDICAL PROVIDER</i> )				
<b>Other health information (optional):</b> For child's welfare and with the permission of the parent or guardian, it is recommended that significant health information be shared with the school. <i>Please contact the school nurse if child needs help with medication at school.</i>				
<input type="checkbox"/> Parent requests Part III not to be filled out <input type="checkbox"/> The examination revealed no conditions of importance to school or physical activity <input type="checkbox"/> Conditions that need further evaluation or that can affect school or physical activity are (please explain below)				
FORMA PARA REHUSAR EL EXAMEN DE SALUD ( <i>WAIVER OF EXAMINATION</i> )				
<b>Nota: Su niño(a) debe recibir las vacunas requeridas por la ley Estatal, aunque no reciba el examen médico.</b> He sido informado acerca del examen médico recomendado por los profesionales de salud y que es requerido por la ley Estatal. También he sido informado en dónde y cómo mi niño(a) puede recibir un examen médico sin costo alguno, si tal asistencia fuera necesaria.				
<input type="checkbox"/> <b>No deseo</b> que mi niño(a) reciba un examen médico <input type="checkbox"/> <b>Si deseo</b> que mi niño(a) reciba el examen médico, <b>pero me ha sido imposible obtenerlo porque</b> _____				
Firma del Padre, Madre, o Guardián			Fecha	



County of San Diego, Health and Human Services Agency, 3851 Rosecrans St., Ste. 522, San Diego, CA 92110  
**For more information, please call (619) 692-8808**

Child Health and Disability Prevention Program  
 MCFHS – 77ES 06/2013



## Annual School Report – CHDP Health Examination

School Name: \_\_\_\_\_ School District: \_\_\_\_\_  
School Address: \_\_\_\_\_  
School Year: \_\_\_\_\_ Name of Person Completing Report: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Instructions: This form is to be completed by the school nurse. Please count the total number of first grade students from your school and fill in the appropriate field. If you have any questions, please call the Child Health and Disability Prevention (CHDP) Health Promotion Program at (619) 542-4178.*

1. Total number of students enrolled in first grade \_\_\_\_\_
2. Total number of students who submitted documentation of completed health exam \_\_\_\_\_
3. Students who submitted a health examination waiver
  - a. Total number checked 'Parent does not want the exam' in waiver section \_\_\_\_\_
  - b. Total number checked 'Parent unable to obtain exam' in waiver section \_\_\_\_\_
  - c. Total number submitted waiver but did not provide reason \_\_\_\_\_
4. Total number of students who did not submit documentation of completed health or waiver of health exam \_\_\_\_\_

I certify that the numbers reported above are true numbers and that the parents or guardians of these children were informed of the availability of no or low cost health exams.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please keep a copy of this form for your records. Submit this form to your district office by December 15<sup>th</sup> of the current school year. Thank you.***

## Annual District Report – CHDP Health Examination

School District \_\_\_\_\_ # of Schools with First Grade Enrollment \_\_\_\_\_

School Address: \_\_\_\_\_

School Year: \_\_\_\_\_ Name of Person Completing Report: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Instructions: This form is to be completed by school district staff. Please compile all health examination reports received from individual schools and fill in each filed as appropriate. Data must be reported by individual school, not as a sum of all schools in the entire district. If you have any questions, please call the Child Health and Disability Prevention (CHDP) Health Promotion Program at (619) 542-4178.*

Name of School	Total # of Children Enrolled in 1 <sup>st</sup> Grade	# of Children with Report of Medical Exam for School Entry or Other Documentation	# of Children with Waiver of Medical Examination			# of Children with no Report or Waiver
			Parent does not want	Parent unable to obtain	No reason specified	

I certify that the numbers reported above are true numbers and that the parents or guardians of these children were informed of the availability of no or low cost health exams.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please keep a copy of this form for your records. Submit this form to your district office by December 15<sup>th</sup> of the current school year. Thank you.**

## Appendix H. School Entry Health Check-Ups

# School Entry Health Check-Ups (Kindergarten/First Grade)

You want your child to be **healthy** to get the most out of school. **Early and regular health check-ups** can find, prevent, and treat health problems before they become serious. That is why California has a law that says **all children must have a health check-up** before they enter first grade.

The health check-up must be completed a **year and a half (18 months) prior to or 90 days after** your child begins first grade to meet the school entry requirement.

### A health check-up includes:

- ✓ A health history and physical exam
  - ✓ Dental screening
  - ✓ Vision and hearing tests
  - ✓ Nutritional assessment
  - ✓ Development assessment
  - ✓ Immunizations, as necessary
- ✓ Urine, blood, and tuberculosis (TB) test, as necessary
  - ✓ Other tests, as necessary

### Before first grade begins:

If your child had a health check-up at kindergarten and a report is not already in school, you need to get a report from your child's doctor/clinic and take it to the school where your child will be going.

If you are not able to pay for this check-up, please call Maternal Child and Family Health Services to find out if your child is eligible for a no-cost health check-up through the Child Health and Disability Prevention\* (CHDP) program and for on-going complete medical and dental care at a price you can afford.

Please call today (English and Spanish spoken)

**1-800-675-2229**

\*CHDP is a state program that pays for health check-ups and immunizations for children from families with low-incomes and children on Medi-Cal.

### Bring to your doctor or clinic:

1. The School Entry Health Checkup Requirement form for School Entry (Green) form. Please complete the top part of the form and fill in all of information requested from the parent/guardian.
2. Your child's California Immunization Record (Yellow form). If you do not have this card, ask for one where your child had his/her last immunization.
3. Benefits Identification Card (BIC) if your child has Medi-Cal.

### After the health check-up:

1. Give the School Entry Health Checkup Requirement form for School Entry to the school.
2. Show the Immunization Card to the school then take the card home and keep it in a safe place. You will need proof of immunizations other times in your child's life.



*Note:* If health check-ups or immunizations are against your personal beliefs, you **must** sign a form at the school's office. If your child cannot receive immunizations because of a medical problem, bring a doctor's note to the school.

If there is a disease outbreak at the school and your child is not immunized against the disease, your child cannot attend school until the outbreak is over.



County of San Diego Health and Human Services Agency,  
Maternal Child and Family Health Services  
3851 Rosecrans St., Ste. 522, MS: P511-H, San Diego, CA 92110

DHS: PHE-P80 ES (06/13)

# Exámenes de Salud para Ingresar a la Escuela

## (para el jardín de niños o el primer año)

Usted quiere que su niño esté **saludable** para que aprenda mejor en la escuela. Al recibir **exámenes de salud** regularmente se pueden prevenir, detectar, y tratar muchos problemas de salud. Por esa razón California tiene una ley que requiere que todos los niños **deben** recibir un examen de salud antes de ingresar al primer año en la escuela.

El examen de salud puede hacerse **entre un, año y medio (o sea 18 meses) antes de empezar, ó 90 días después** de empezar la escuela.

### Un examen de salud incluye:

- ✓ Una historia clínica y examen físico
  - ✓ Examen dental
  - ✓ Examen de la vista y los oídos
    - ✓ Evaluación nutricional
    - ✓ Evaluación de desarrollo
    - ✓ Vacunas, si son necesarias
- ✓ Pueba de orina, de sangre y de tuberculosis cuando sea necesario
- ✓ Otra clase de pruebas, si es necesario

Si su niño recibió el examen de salud al ingresar en al jardín de niños (kindergarten) y la escuela todavía no tiene el reporte del examen, usted necesita pedirselo a su medico o clínica y llevarlo a la escuela.

Si a ud. No le es posible pagar el examen, por favor llame al CHDP para saber si su niño califica para un examen físico gratuito por medio del Programa de salud Infantil y Prevención de Incapacidades\* (CHDP en ingles) y también para cuidado continuo medico, dental, y cuidado de la vista a un precio accesible.

Llame ahora (se habla ingles y español)

**1-800-675-2229**

\*CHDP es un programa estatal el cual paga por los exámenes y vacunas sin costo alguno a niños de familias de bajos recursos económicos y también a niños que reciben Medi-Cal.

### Para el examen de salud, riaga con usted los siguientes documentos:

1. *El Reporte del Examen de Médico para Ingresar a la Escuela* (la forma verde – que esta adjunta). Por favor llene toda la información que se le pide al padre o tutor en la parte de arriba.
2. *La Tarjeta Amrailla de Vacunación del Niño* (llamada *Registro de Immunización de California*). Si usted no tiene esta tarjeta, obténgala en el lugar donde recibió las vacunas.
3. *La tarjeta de Identificación de Beneficios*. Llévela si el niño tiene Medi-Cal.

### Después del examen:

1. Entregue el Reporte del Examen de Médico para Ingresar a la Escuela a la escuela.
2. Muestre la Tarjeta de Vacunación a la escuela. Y después guárdela en un lugar seguro en su casa porque más adelante su niño necesitará comprobar que sí recibió las vacunas.



**Nótese:** Si los exámenes de salud o las vacunas están en contra de sus creencias personales, usted **debe** firmar una forma en la oficina de la escuela.

Si el niño no puede ser vacunado por algún problema médico, entregue una nota firmada por el médico a la escuela.

Si su niño no tuvo la vacuna necesaria y hay una epidemia de la enfermedad de cual no está vacunado, su niño no podrá asistir a clases hasta que la epidemia termine.



County of San Diego Health and Human Services Agency  
Maternal Child and Family Health Services  
3851 Rosecrans St., Ste. 522, MS: P511-H, San Diego, CA 92110

DHS: PHE-P80 ES (06/13)

# School Entry Health Check-Ups

## (Kindergarten/First Grade)

Ang mga kabataang **malulusog** ay mas maraming kaalaman at higit ang natututuhan sa paaralan! Ang **regular at palagiang pagpapa checkup sa doktor** ay isang paraan upang sa maagang panahon ay malaman kung ang inyong anak ay may problemang pangkalusugan. Dahil sa maaga itong matutuklasan, ito ay naaagapan. Ang California ay nagpatupad ng batas para sa lahat ng mga kabataang papasok sa unang grado. Kinakailangang magpa “health check-up” muna bago sila maka pasok sa eskuwelahan.

Ang health check-up ay dapat makumpleto **magmula sa (18 buwan) bago mag umpisang pumasok sa unang grado ang inyong anak, hanggang sa ika (90 araw) makaraan sa** simula ng pasukan.

### Ang kabuuan ng health check-up ay ang mga sumusunod:

- ✓ Mga tala ng inyong kalusugan at mga iksamen na pisikal
  - ✓ Check-up ng mga ngipin
  - ✓ Pagsusuri ng paningin at pandinig
  - ✓ Pangangailangang Pang Nutrisyon
    - ✓ Tamang paglaki
    - ✓ Mga kailangang bakuna
- ✓ Pagsusuri ng dugo, ihi at testing para sa Tuberkulosis kung kinakailangan
- ✓ Mga iba pang kailangang iksamen

Bago magsimula sa Unang Grado:

Kung ang inyong anak ay nakapag pacheck-up na noong siya ay nasa Kindergarten pa, Kailangang kumuha ng katibayan mula sa Doktor o Klinika at dalhin sa eskuwelahan kung saan ang inyong anak ay mag-aaral.

Upang malaman kung ang inyong anak ay karapat-dapat na makatanggap ng libreng pagpapaiksamen ng kalusugan, tumawag sa Maternal, Child and Family Health Services sa pamamagitan ng Programang Child Health and Disability Prevention\* (CHDP), upang alamin ang halaga ng pagpapatingin kasama na ang check up sa ngipin at paningin.

Tumawag kaagad sa numerong ito

**1-800-675-2229**

\*Ang CHDP ay isang programa sa California na maaring makatulong sa pagbabayad ng pagpapa-check-up para sa mga bata na ang kabuoang kinikita ng pamilya ay mababa.

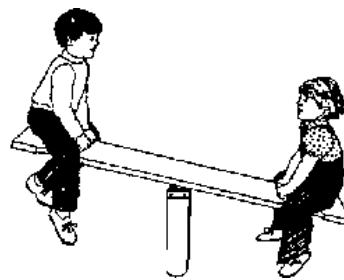
Ang mga kailangang dalhin sa doktor:

1. Ang *Report of Medical Examination for School Entry (Kulay Berde)*. Kumpletuhin ang unang bahagi at lahat ng impormasyon na kailangan mula sa mga magulang o tagapag-alaga ng bata.
2. *Tarheta ng Bakuna Immunization Card o California Immunization Record (Dilaw na Kard)*. Kung nawala ang Kard o tarheta ng bakuna ng inyong anak, maaring kumuha ng kopya sa klinika kung saan huling nag pabakuna.
3. *Tarheta o Medi-Cal Card (BIC)*. Kung ang inyong anak ay may Medi-Cal.

Pagkatapos ng checkup:

Dalhin ang Report of Medical Examination for School Entry sa eskuwelahang papasukan.

Ipakita ang Tarheta ng Bakuna sa upisina ng eskuwelahan. Pagkatapos maitala ng eskuwelahan, siguraduhin na ang immunization card o tarheta ng bakuna ay nakatago sa siguradong lugar upang hindi masira at mawala. Maraming pagkakataon pa sa panahon ng paglaki ng inyong anak na ito ay kakailanganing muli.



**Babala:** Kung ang pagpapa check-up o bakuna ay hindi ayon sa inyong sariling paniniwala o ng inyong relihiyon, **Kailagan** ay kumpletuhin at pumirma ng waivers opisina ng eskuwelahan.

Kung ang inyong anak ay hindi dapat tumanggap ng bakuna dahil sa problemang pangkalusugan, ipakita sa eskuwelahan ang isang pagpapatibay mula sa manggagamot, na nagsasaad na ang inyong anak ay hindi kailangan ng bakuna.

Kung may sakit na kumakalat sa eskuwelahan at ang inyong anak ay hindi pa nabakunahan, ang inyong anak ay hindi maaring papasukin habang hindi pa humuhupa ang sakit sa kalahatan.



County of San Diego Health and Human Services Agency,  
Maternal Child and Family Health Services  
3851 Rosecrans St., Ste. 522, MS: P511-H, San Diego, CA 92110

DHS: PHE-P80 ES (06/13)

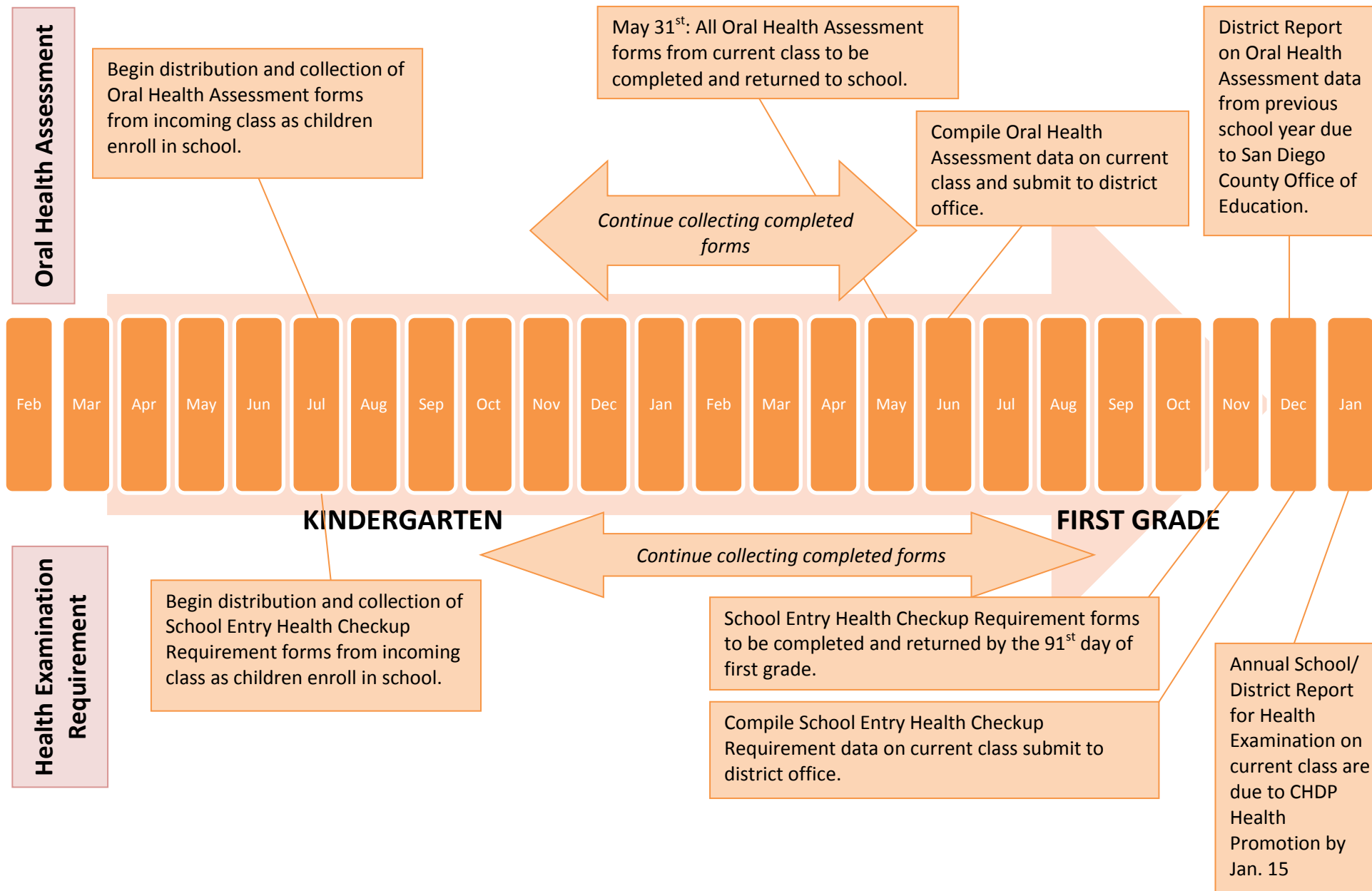
## Appendix I. Oral Health Assessment and Health Examination Timeline

The Oral Health Assessment and School Entry Health Examination are two different requirements but can work together. The following timeline can the process of when to distribute forms and collect data.

<b>February</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Begin distribution of Oral Health Assessment forms in kindergarten registration packets</li><li><input type="checkbox"/> Begin distribution of School Entry Health Examination forms in kindergarten and first grade registration packs</li></ul>
<b>August - May</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Collect submitted Oral Health Assessment forms</li></ul>
<b>August – November</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Collected submitted School Entry Health Examination forms</li><li><input type="checkbox"/> All School Entry Health Examination forms must be submitted to the school by the 91<sup>st</sup> day of first grade</li></ul>
<b>May 31</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> All Oral Health Assessment forms must be submitted to the school</li></ul>
<b>June</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Compile Oral Health Assessment data and submit to district office</li></ul>
<b>December</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Compile School Entry Health Examination data and submit to district office</li><li><input type="checkbox"/> District Office must submit Oral Health Assessment District Report from <i>previous</i> school year to the San Diego County Office of Education</li></ul>
<b>January 15</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> District Office or Private School must submit School Entry Health Examination Annual Report to the Child Health and Disability Prevention Program</li></ul>



The Oral Health Assessment the School Entry Health Examination requirements are different but can work together. The following timeline is designed to show schools each requirement’s process. Both requirements can take nearly two years to complete beginning with distribution of forms in kindergarten registration packets to final data reporting.



## Appendix J. Oral Health Assessment and Health Examination Check List

The following is a table that shows the brief differences and components of the Oral Health Assessment requirement and the School Entry Health Examination requirement.

	School Entry Health Examination	Oral Health Assessment
<b>What</b>	Comprehensive physical examination completed by a physician or nurse practitioner. An examination from Mexico is acceptable.	Dental health assessment (screening) by California licensed dental health professional.
<b>Who</b>	First grade students enrolled in public or private school.	Students entering public school for the first time in kindergarten or first grade.
<b>Due</b>	By the 91 <sup>st</sup> day of first grade (date varies)	By May 31 of first year in public school (in kindergarten or first grade)
<b>Acceptable Dates</b>	18 months prior to entry into first grade through 90 <sup>th</sup> day of first grade. (March before kindergarten through 90 <sup>th</sup> day of first grade, approximately early December.)	12 months prior to entry into public school for first time in kindergarten or first grade through May 31 of first year. (September before first year through May 31 of first year)
<b>Waiver Available?</b>	Yes	Yes
<b>Exclusion from School Attendance if Requirement Not Completed?</b>	Yes – for five days beginning 91 <sup>st</sup> calendar day following start of first grade.	No
<b>Report</b>	Yes – First Grade report (also used for Mandated Cost Claims due to Nursing and Wellness by December 10)	Yes – Report due by June 5 to Nursing and Wellness office.
<b>Form</b>	School Entry Health Checkup Requirement form for School Entry (“Green” form from Child Health & Disability Prevention program) or SDUSD Physical Examination card (“Yellow” form).	Oral Health Assessment Form (“Pink” form).

## Appendix K. Registration Checklist (Bilingual)



### **Ready for School!**

- ☒ Dental examination
- ☒ Medical check-up
- ☒ Immunizations



### **¡Listo para regresar a la escuela!**

- ☒ Examinationen Dental
- ☒ Chequeo Médico
- ☒ Vacunas